

Summary Section

**A 'Landscape Atlas'
of the structural
elements of
the ECD system
in Australia –
A rapid
compilation**

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February 2023



Summary Section

01





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We would like to acknowledge and thank the BHP Foundation and Allan & Gill Gray Foundation for their visionary support of the Early Years Catalyst in our setup and initial phase of work. It is their support which allows us to gather and to share these insights with the field

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Contents

6 FOREWORD

8 SUMMARY SECTION

10Introduction to the Atlas

20How to use this Atlas

22Observations from the Atlas

34What else does the Atlas tell us about the 'current state'?

40How far are we from the desired future state?



Foreword

The Early Years Catalyst is an ambitious initiative that emerged from the 2020 National Early Years Summit. We are a national collaboration working to improve early childhood development outcomes for children experiencing disadvantage and vulnerability. Our vision is that by 2030, significantly more children in Australia will be thriving in their first 2,000 days and beyond (pregnancy to five).

Over the past eighteen months, our work has focused on building a shared understanding of the many systems with which young children and their families interact and the interconnections between these.

In 2022, we completed a major systems mapping process to identify the forces influencing early childhood development outcomes in Australia today and possible leverage points for change.

While recognising many strengths, this process uncovered several deep challenges that are making it hard to get the best outcomes for young children and their families. These relate to:

- **the structures that underpin the way our social service systems work which also create barriers to large scale system reform**
- **deeply held societal beliefs and assumptions about children, families, parenting, care and caring, poverty and the role of government**

The full suite of systems mapping reports are available to download from the Early Years Catalyst website: <https://www.earlyyearsatalyst.org.au/fieldinsights/>

We are now pleased to be able to share this early childhood development systems landscape atlas at what is a time of fast paced change for the early years in Australia. The atlas builds on the systems mapping process by providing a high-level overview of the government-driven structures that underpin ten key systems that are integral to children's early development. These are:

- **health**
- **mental health**
- **disability**
- **early learning**
- **parenting and family supports**
- **child protection**
- **family and domestic violence supports**
- **social security**
- **secure and affordable housing**
- **safe, healthy physical and built environments**

The atlas provides insight into the ways in which the structures that underpin these systems both constrain and create opportunities for young children and families. It illustrates that collectively, these structures cannot respond effectively to the interconnectedness of the many influences on early childhood development. It also suggests the potential for these structures to become more flexible and responsive to the needs of young children and their families.

We hope this new resource helps to build a sense of 'the whole' when thinking about Australia's early years system, as another step towards building a strong foundation for collective action to transform our early years system so that it supports all young children and families to thrive. We welcome your feedback and reflections as we continue to work together to generate new insights and challenge our ways of thinking about how to bring about transformational change in the early years.

Penny Dakin
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Co-Chair, Early Years Catalyst



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Summary Section

01

Introduction
& Observations



Introduction to the Atlas

Creating a ‘Landscape Atlas’

Orange Compass is proud to have partnered with the Early Years Catalyst (EYC) to undertake the development of a “landscape atlas” of Australia’s Early Childhood Development (ECD) system.

This landscape atlas builds on a significant participatory system mapping process that we undertook for the EYC in 2021 (see: <https://www.earlyyearsatalyst.org.au/fieldinsights/>). The mapping process was specifically designed to identify the root causes and deep systemic forces influencing ECD outcomes and possible leverage points for change.

One of the key roles of the EYC is “diagnosing” – building a shared evidence base and a shared understanding of the systemic problems that exist within the ECD system. It is through the development of a shared understanding of the many systems that children and families experience, and the interconnections between them, that we can begin to build a strong foundation for collective action to disrupt and transform Australia’s early years system through the development of systemic solutions.

This landscape atlas is another significant contribution by the EYC in their “diagnosing” role.

How does this link to the systems mapping project?

Throughout the systems mapping project, a range of insights were identified about systemic barriers, many of which featured strong structural elements. This included a ‘desired future state’ that called for significant shifts in the roles taken up by government and in the purposes of and linkages between sub-systems.

There was a shared vision for a **a more relational and coherent** ECD system that better serves children, families and local communities. This would be achieved through more accountable, proactive and high-quality systems, with the Federal Government responsible for a holistic and coordinated approach across states and territories, and ultimately all levels of government, ensuring greater accountability for ECD outcomes for all children in Australia.

The most significant opportunities for transformational change (leverage points) in the early years identified through the systems mapping engagement process were:

- **A national, bi-partisan ECD framework, with shared language and vision, that provides well supported pathways for every child to thrive, in their first 2,000 days and beyond, addressing inequality, poverty and intergenerational vulnerability.**
- **Fit-for-purpose funding and commissioning approaches that include feedback loops from community to government and service providers, delivering fit-for-purpose systems for disadvantaged children and communities.**

Unpacking the structural elements that influence ECD outcomes is a vital part of deepening our collective understanding of the systems that influence ECD outcomes in Australia.

When we use the term 'ECD system', we are referring to a system in its broadest sense

What is the ECD system?

This atlas has been prepared as a rapid compilation of structural actors and elements of the ECD system. It is intended to help readers gain a sense of 'the whole'.

When we use the term 'ECD system', we are referring to a system in its broadest sense – one that involves the interaction of many parts and different actors. From a systems thinking perspective, a system is a group of diverse parts that function in relationship to each other as a whole. A system is shaped by many influences including its purpose, feedback loops and inputs and outputs.

Complexity arises from the interconnections and feedback loops that occur between the parts. The premise of systems thinking is that, in order to make sense of this complexity, we need to look at the system in terms of wholes and relationships – rather than simply splitting it down into its parts and only looking at each in isolation.

When we talk about 'the whole' we are still drawing arbitrary boundaries. These boundaries will constantly shift as we use different lenses to understand the system.

While we use the term 'ECD system', we note that in fact there is no single ECD system in Australia in a structural sense. Rather, if we take a structural lens and look at the policies, funding and services that are aimed at supporting Australian children and families, there are in fact more than ten 'systems' in operation (explained further below).

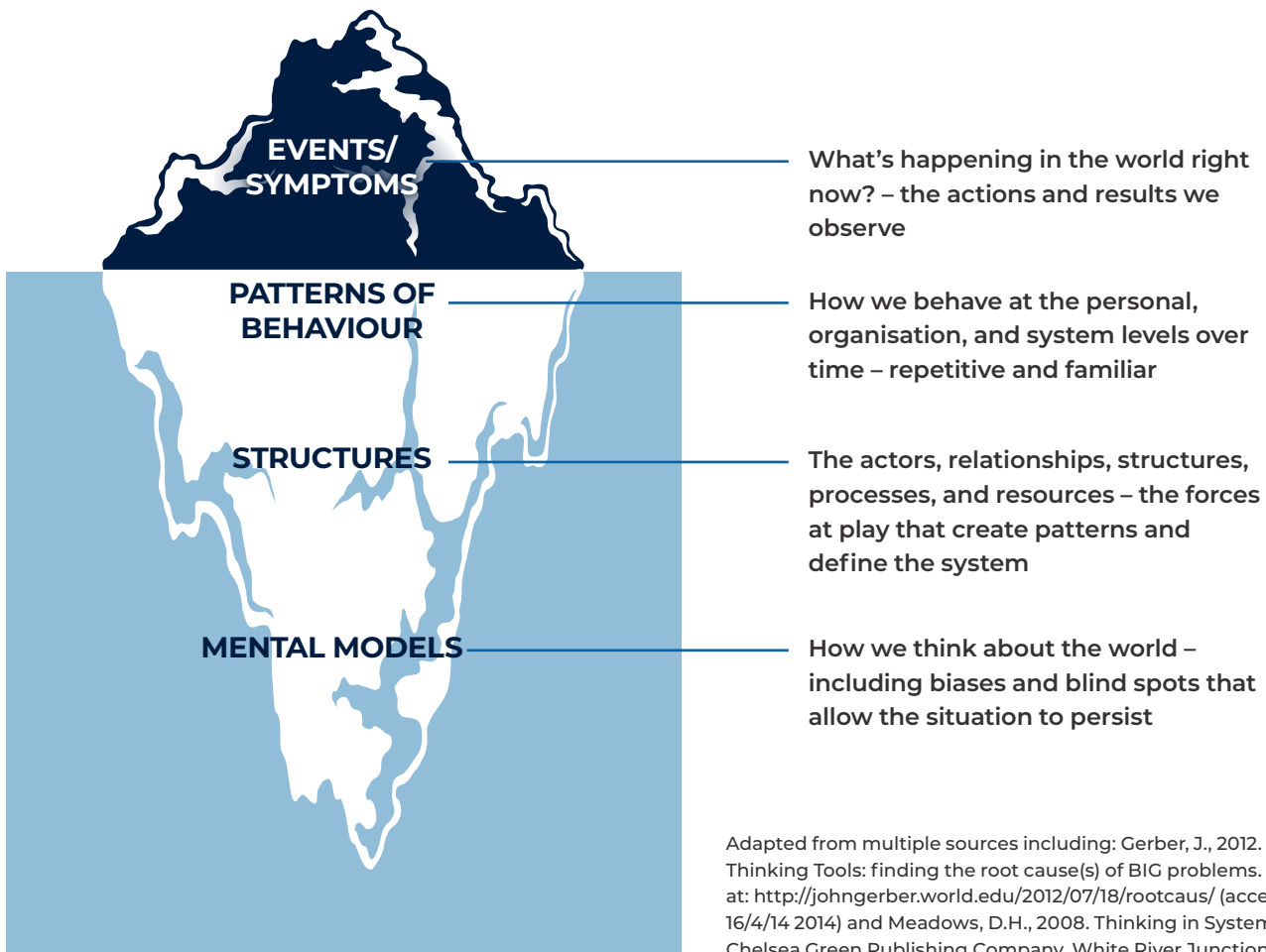


What do we mean by structural elements of the ECD system?

For the purposes of this atlas, when we use the term 'structural elements', we mean the 'government driven elements' of the system. In understanding systems, it is useful to distinguish structures from patterns and events.

Much of systemic inquiry is about making the invisible visible. The iceberg is a simple metaphor that helps us recognise different ways to look at the same issue and helps us make explicit what we think is happening in a system that might be "below the surface".

The iceberg model reminds us that what we can explicitly 'see' is only a small part of a whole situation and also distinguishes 'observable events' from the underlying patterns, structures and, ultimately, the mental models that generate these events.



In this context, structures can be understood as the ‘rules of the game’ – they are semi-explicit rules, norms, policies, guidelines, power structures, distribution of resources, cultural rules, or ways of working that have become embedded. To uncover the structure, we can ask, “*what might explain patterns and trends in the system?*”

For the purposes of this atlas, we have taken a narrow view of structure with a focus on government. We note that there are many actors in the ECD system and that government is not the only influence on system structures. However, it does play a major role and hence is the focus of this atlas.

We have looked across federal, state, territory and local government structures, including an examination of legislation, policy, regulation and funding. In Australia, each of these structural elements have a basis in law and in the legal

conventions of our system of government. This is particularly important in the Australian context where there are both significant commonalities and differences across state and federal jurisdictions.

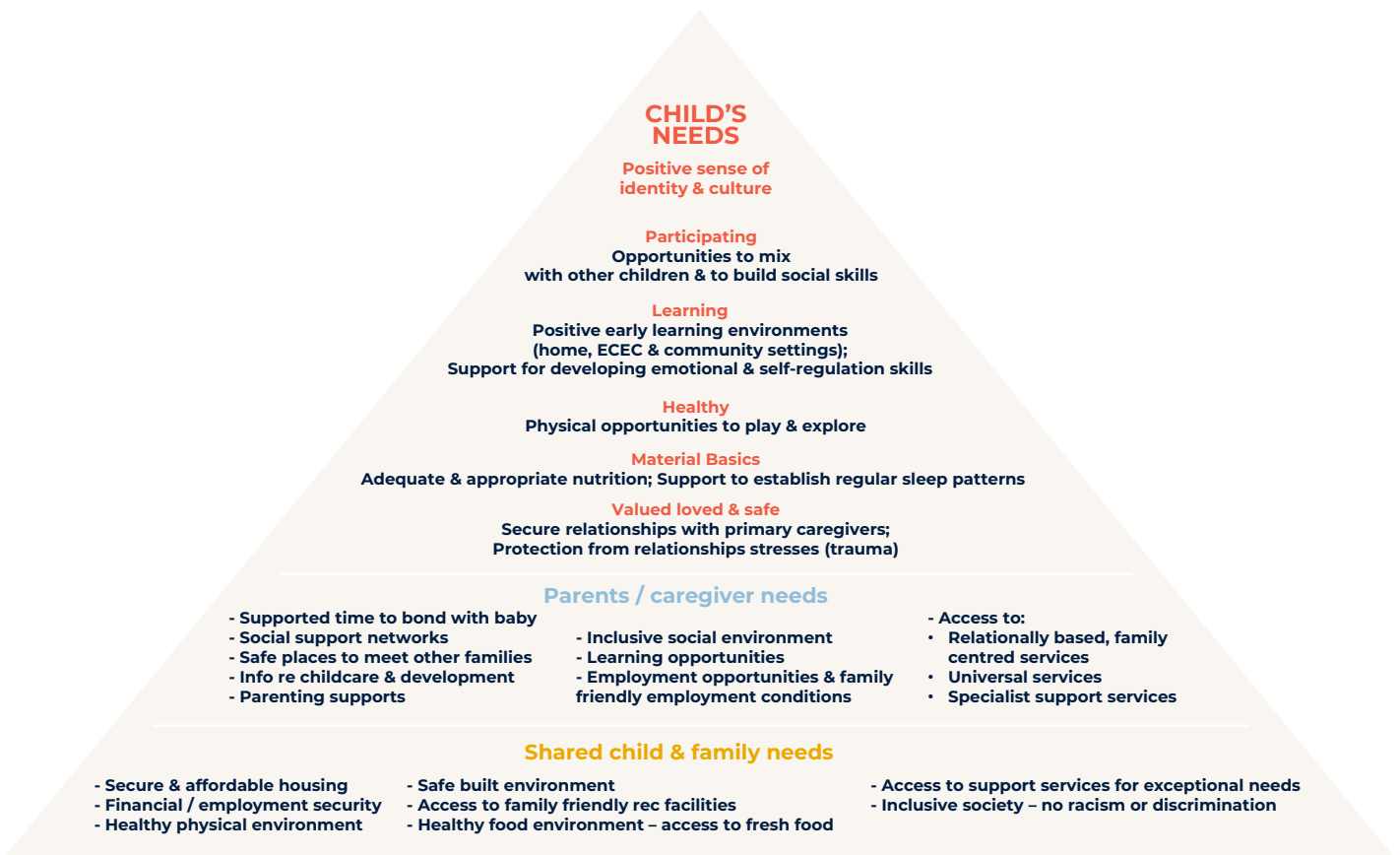
Part of the benefit of this atlas is that it provides a snapshot of ‘the whole’. While there are many more in-depth research studies and reports on various elements of the ECD system, it is rare to find this information gathered in any one place. When seeing these various elements as a whole, it becomes possible to begin to see patterns across the broader system – both in terms of what is the same and what is different. And by understanding the nature of these structures, we can create new hypotheses about systemic drivers and new evidence for action – for the purposes of identifying meaningful systemic interventions that will bring about positive change and enable more children to be thriving by 2030.

What is in scope?

The scope of research has drawn upon the broad definition of ECD that informed the ECD systems mapping process (see image below).

In that work, we used an intentionally broad definition of ECD to frame our exploration, combining two evidence-based frameworks for optimal early childhood development outcomes – ARACY’s Nest Framework and the Centre for

Community Child Health’s “Core Conditions”. This definition reflects the direct needs of children, recognising both the breadth of intersecting influences (and systems) on children’s early development and that children develop in the connection with their families, carers and communities. This definition resonated with system mapping participants, prompting deeper insights about the systemic influences on ECD outcomes.



For Optimal Early Childhood Development Taken from: The Nest Framework & CCCH's Core Conditions

Mirroring the elements of this broad definition (reflecting both a child's and family's needs) we applied a structural lens and considered the policies, funding and services that are aimed at supporting Australian children and families. We arrived at ten 'systems' for inclusion in this atlas:

- **health**
- **mental health**
- **disability**
- **learning – with a focus on early childhood education and care (ECEC)**
- **child protection**
- **parenting & family supports**
- **family & domestic violence supports**
- **financial security – with a focus on welfare**
- **secure and affordable housing**
- **safe, healthy physical and built environments – with a focus on the role of local government in community development/infrastructure**

While many of these systems serve a broader cohort of Australian citizens, each is critical to children and families in some way. To aid further navigation, we then assigned each of these systems to one of two categories:

- **those that could be seen to be focused primarily on meeting a child's needs**
- **those that were meeting shared child and family needs**

CHILD'S NEEDS:

- **health**
- **mental health**
- **disability**
- **early learning**
- **child protection**

SHARED CHILD AND FAMILY NEEDS

- **parenting & family supports**
- **family & domestic violence supports**
- **social security**
- **secure and affordable housing**
- **safe, healthy physical and built environments**

For each system, we have looked across the nine jurisdictions across Australia, including federal, state and territory structures.

Where possible, we have sought to highlight First Nations focused elements and accessibility considerations – including whether or not a system is predominantly universal or targeted.

We acknowledge that more detailed deep dives in to specific systems are also available by many leading organisations and references and weblinks have been included in the atlas to support further learning and investigation.

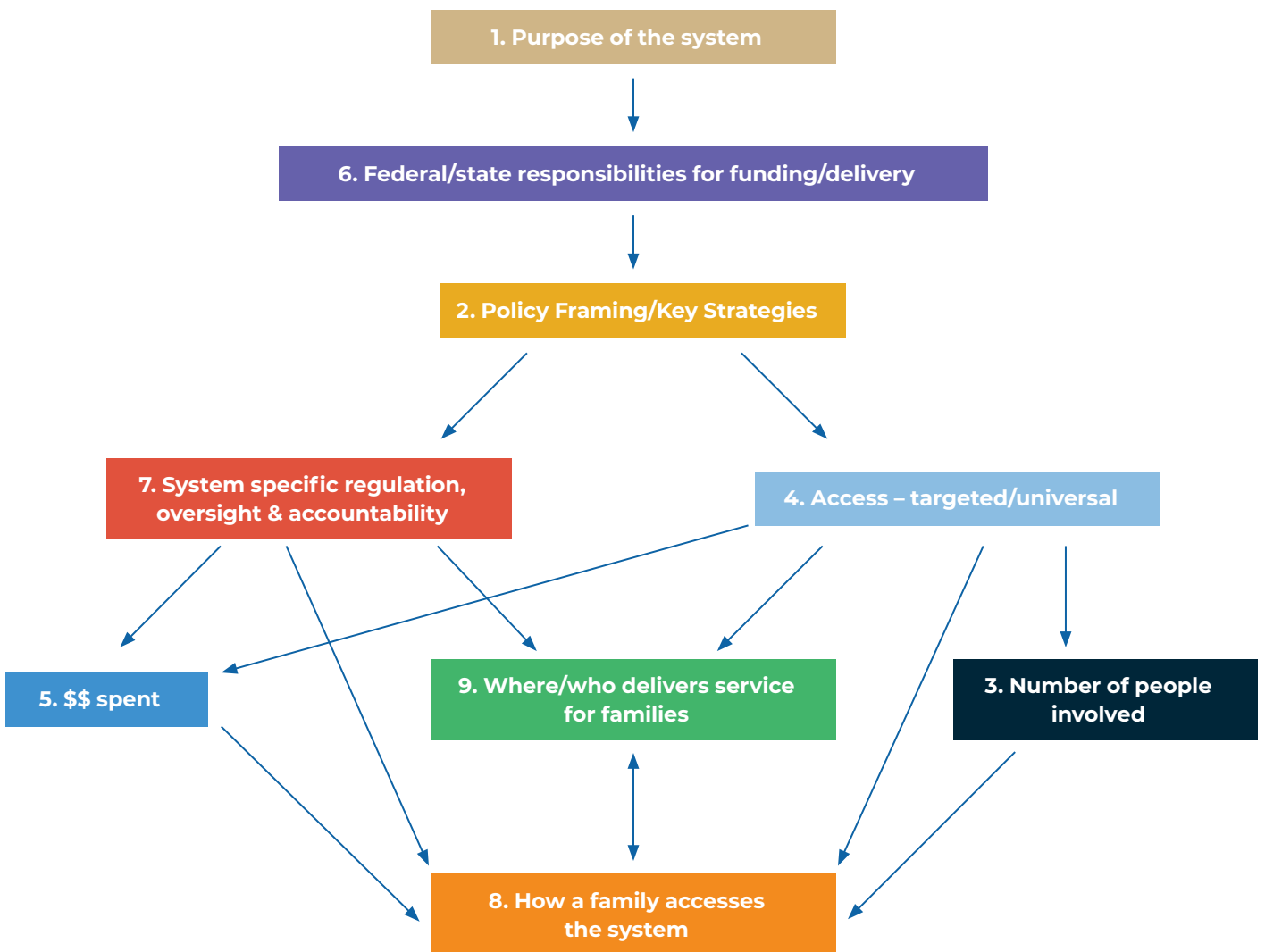
Our focus

This atlas was compiled from a rapid review of publicly accessible information, supported by consultation with system experts, conducted over eight weeks. The desired output was for a simple and accessible reference that offers a high-level overview of the key structural elements of the ECD system. With this breadth of scope, it was not possible nor desirable to dive too deeply into each system. Instead, this atlas attempts to paint a broad representation of the 'lay of the land' across each system.

Therefore, we have limited the information about each system to include the top nine structural elements of interest. These are:

1. **Purpose of the system**
2. **Key national/state strategies**
3. **Number of people involved/% of Australian population**
4. **Access – universal or targeted?**
5. **Total government expenditure Australia-wide (per person if available)**
6. **Federal/state responsibilities for funding/delivery**
7. **System specific accountability/regulation/oversight**
8. **How a family interacts with/accesses the system**
9. **Where/who delivers services for families**

We note that these elements overlap and influence each other (see diagram opposite) and have done our best to avoid duplication, keep information succinct and make the content easy to navigate.



With so many systems intersecting and influencing ECD outcomes, we hope this high-level overview is a helpful way to be able to show complexities and connections.



What is out of scope

This atlas does not offer an exhaustive list of all system structures – nor does it intend to do so. Rather, it is our hope that this resource proves a useful starting point for those seeking to understand the ECD system in Australia in its widest sense that is, to gain a sense of ‘the whole’.

Like a landscaper designs the layout of a garden, we have sought to cluster information into broad categories and shapes, but we recognise that with a closer examination there are many more layers of detail to be explored and understood.

We must also be clear that this examination of structural elements does not examine in any detail, the practical implementation or operationalising of policy and other structural elements. In other words, we do not make assessments about how effectively the intent of a system is translated

into reality for children and families. We also acknowledge that an examination of structural elements of the systems does not reflect the impact of these systems on our First Nations children and families, nor does it reflect the impact for children and families who are not yet Australian residents.

While we have focused on the overarching intent and framing of systems, there are important exceptions to the rule. This is particularly true for access, where even in the most universal systems that exist in Australia, access is not always easy nor equitable.

Our lack of detailed examination of these significant exceptions is in no way intended to diminish their importance but is a reflection of the limitations of time and space in the scope of this exercise.



Who is this atlas for?

This atlas is intended for a wide audience. It is for those interested in ‘the what’ that is driving the broader ECD system and who are seeking an introduction to the government-driven structural elements of the numerous linked systems that influence ECD outcomes.

It is intended to be an easily digestible atlas not a detailed academic report.

We have included a range of further references and suggested reading for those seeking more information.

Invitation to contribute

In making this a publicly available ‘reference’ document, we hope it serves as a prompt and an invitation for the field to contribute further insight, analysis and additions as the structures across the systems that shape ECD outcomes in Australia evolve and change.

We invite you to forward any feedback directly to the EYC Backbone Team at backbone@earlyyearsatalyst.org.au.

How to use this atlas

We have split this atlas into two sections:

- The first section is a summary that contains generalised insights about the structural elements of the ten systems that influence ECD outcomes.
- The second section contains chapters dedicated to each of the ten systems in focus. These may be read in any order according to the readers' interests:

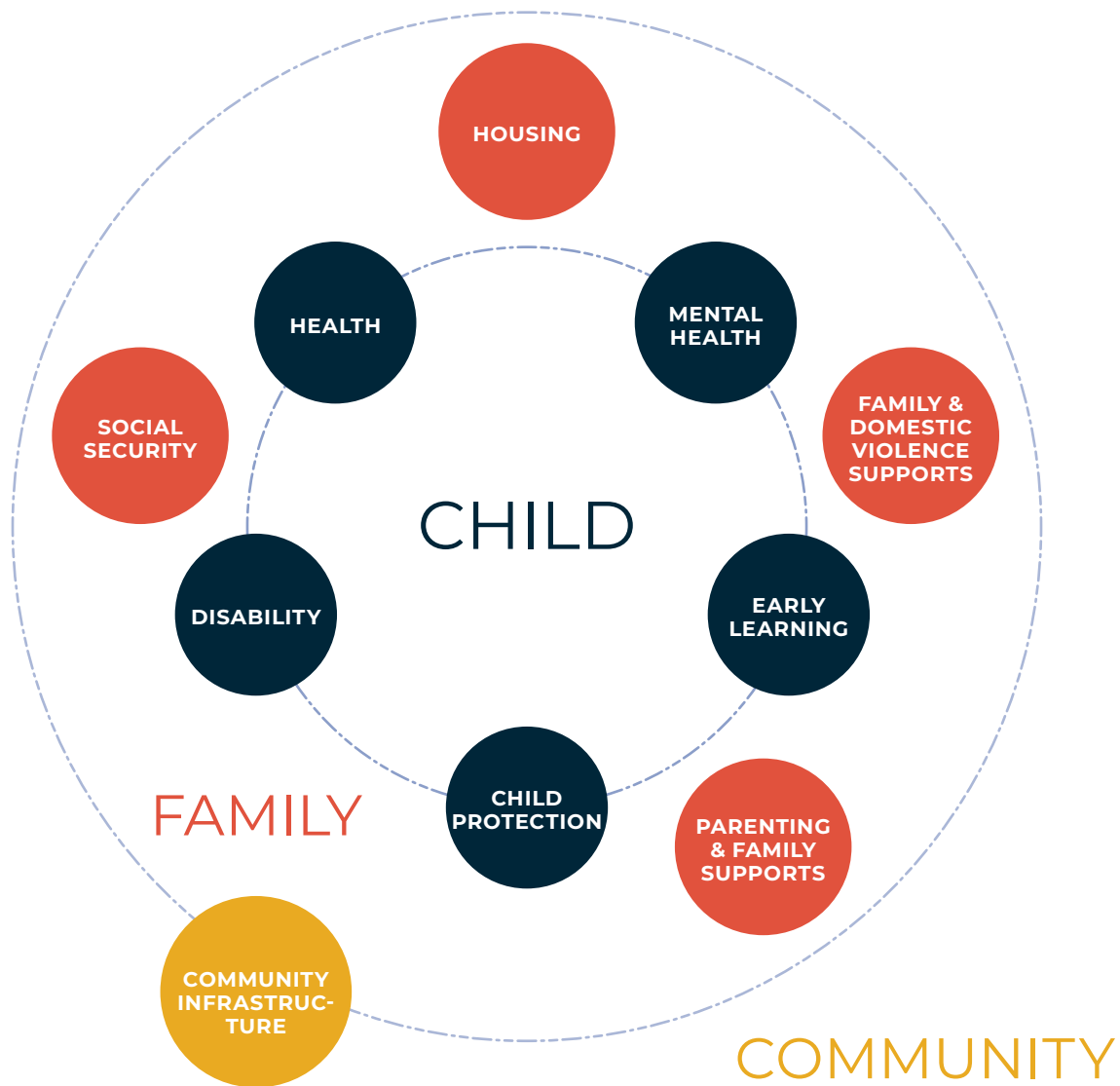
PART ONE – CHILD'S NEEDS:

- **health**
- **mental health**
- **disability**
- **early learning**
- **child protection**

PART TWO – SHARED CHILD AND FAMILY NEEDS:

- **parenting & family supports**
- **family & domestic violence supports**
- **social security**
- **secure and affordable housing**
- **safe, healthy physical and built environments**

Systems that focus on child and family specific needs



Importantly, we have provided an introduction to ‘How Government works Australian style’ in **Annex 1**. This may prove useful to read first for background as it provides a brief introduction to the nature of our Federation – which in turn strongly informs the structural elements of specific systems. We have included brief explanations of:

- Australia’s Federal Structure
- the levels of government
- the division of responsibilities
- collaborations across government
- accountability mechanisms
- the laws that underpin Australia’s ECD System.

Observations from the Atlas

By having common categories across each of the systems, it is possible to 'compare and contrast' key system elements. We've extracted several themes here including:

- **Purpose of the system**
- **Key national strategies**
- **No of people involved/% of Australian population**
- **Access – universal or targeted**
- **Total government expenditure Australia-wide (per person if available)**
- **How a family interacts with/accesses the system**

System Purpose

We identified statements of system purpose from key national strategies. Despite obvious linkages between the stated intent of different systems, (for example “wellbeing” is a stated intent of the health, mental health, child protection and parenting and family support systems, and “care” is a stated intent of the disability, ECEC and child protection systems), neither the systems nor their strategies are linked in meaningful ways for the people they are intended to serve.

Government systems (and government-funded service systems) are not inherently designed to respond to human complexity and often fail to do so. This is a result of the tension between the stated purpose and the unstated and primary purpose of all these systems. Their primary (unstated) purpose is to achieve a balancing act; between the responsible administration of government, management of complex service systems and the efficient use of taxpayers' money to deliver services that meet the needs of as many citizens as possible.

While siloed systems may make sense for the purposes of public administration, they do not make sense from the perspective of children or parents and carers.

Table 1: Comparing purpose across systems

SYSTEM	PURPOSE
Health	To promote, restore and maintain a healthy society with the objective that Australians are born and remain healthy
Mental health	To promote mental health and wellbeing and, where possible, prevent the development of mental health problems, mental illness and suicide, and when mental health problems and illness do occur, reduce the impact
Disability	To provide systems of care and support for people with disability and provide national leadership towards greater inclusion of people with disability
ECEC	To provide a range of services for children based on their age and education, care and development needs
Child protection	To promote child and family wellbeing by enabling families to care for, and protect, children and young people; Protecting children and young people who are at risk of abuse and neglect within their families or whose families do not have the capacity to provide care and protection ; and supporting children and young people in the child protection system to reach their potential
Parenting & family supports	To strengthen relationships, support families, improve wellbeing of children and young people, reduce the cost of family breakdown, and strengthen family and community functioning
Family & domestic violence supports	To provide a coordinated system working together to support adult and child victim-survivors , address risk and safety needs, and promote perpetrator accountability.
Social security	To support people who cannot, or cannot fully, support themselves, by providing targeted payments and assistance
Secure and affordable housing	To create affordable housing and minimise homelessness
Safe, healthy physical and built environments	To provide services and amenities to local communities and regulate and provide services for land and property

Key National Strategies

As is evident from Table 2 below, there is a plethora of national strategies linked to the needs of children and families. Many of these strategies are well intentioned, evidence informed and aim to deliver a more holistic response to the policy challenges identified.

We were unable to find overarching national strategies in relation to addressing

- 1) poverty – linked to welfare and the social security system;
- 2) parenting and family supports; and
- 3) local government and community development

These strategies may exist but it is telling that they were not easy to find through our online search.

Table 2: Summary of (current) national strategies

SYSTEM	NATIONAL STRATEGIES
Health	<ul style="list-style-type: none"> • The National Action Plan for the Health of Children and Young People: 2020–2030 • Australia’s Long Term Health Plan • National Health Reform Agreement Long Term Reforms Roadmap
Mental health	<ul style="list-style-type: none"> • National Children’s Mental Health and Wellbeing Strategy • National Mental Health and Suicide Prevention Agreement • National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017–2023 • Vision 2030
Disability	<ul style="list-style-type: none"> • Australia’s Disability Strategy 2021–2031
ECEC	<ul style="list-style-type: none"> • National Quality Framework • Closing the Gap – National Agreement and the Early Years
Child protection	<ul style="list-style-type: none"> • Safe and Supported: the National Framework for Protecting Australia’s Children 2021–2031 • Commonwealth Child Safe Framework • The National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030

SYSTEM	NATIONAL STRATEGIES
Parenting & family supports	Not found
Family & domestic violence supports	National Plan to End Violence Against Women and Children 2022–2032
Social security	Not found
Secure and affordable housing	<ul style="list-style-type: none"> • The National Housing and Homelessness Agreement • The National Rental Affordability Scheme • Commonwealth Rent Assistance • National Partnership for Remote Housing Northern Territory (2018–23) • Safe Places Emergency Accommodation Program (Safe Places)
Safe, healthy physical and built environments	Not Found (noting various programs such as the Growing Regions Program do exist)

Most states and territories also have a specific early years strategy – a key policy document that articulates the goals and plans to improve ECD outcomes for children.

These state and territory strategies are generally evidence informed, best practice and present aspirations consistent with the desired future state (of the Australian early years system) that emerged from the systems mapping process. For example, the same evidence base is used by multiple jurisdictions (such as ARACY’s NEST framework), all talk about child and family centred responses and a number are underpinned by a child rights, human rights framework.

Again, we make no assessment about the relative distances between intent of these strategies and the realities of their implementation.

Table 3: Summary of state and territory strategies

Jurisdiction	Strategy Name and URL
National	(announced 17 November 2022) National Early Years Strategy National Aboriginal and Torres Strait Islander Early Childhood Strategy 2021
ACT	Best Start for Canberra's Children – The First 1000 days Strategy
NSW	The NSW Strategic Plan for Children and Young People
NT	Starting Early for a Better Future (nt.gov.au)
SA	South Australia's Outcomes Framework for Children and Young People
TAS	It takes a Tasmanian Village – Child and Youth Wellbeing Strategy
VIC	Roadmap for Reform, Strong families, safe children
WA	Not found

Whilst this is an atlas about structure, we would observe that centralising and creating even larger siloed structures is not a replacement (or even superior to) creating strategies that can bring together and harmonise the actions of disparate systems.

What appears to be a vital and missing link is an overarching ECD strategy – one with shared strategic priorities and shared actions. However, strategy making alone is not the answer.

While systems may be primarily designed to serve the functions of responsible government, they can also be more flexible in implementation. Government driven systems and structures have deep legal roots, which makes them much harder to shift and change. However, there is significant and untapped flexibility in the implementation of strategy, policy and legislation. Throughout the systems mapping project, we heard many examples of delays or disconnect between the framing and intent of policy versus its implementation and the experience of families and children as the end user.

The key question is how well can these systems meet the needs of children and families, knowing that they also have to operate as responsible government? The answer appears to be in the scope for responsiveness and flexibility in implementation. This is a potential leverage point that remains untapped.

Numbers and scale

To gain an approximate sense of numbers and scale, we looked at:

- **number of people and proportion of the Australian population involved with the system**
- **total government expenditure Australia-wide (\$ per person if available).**

These figures are provided in Table 4 below. In some cases, an approximation had to be made given conflicting or obscure reports of funding – both state and federal and direct and indirect.

What is clear is that the number of people interacting with each system varies greatly:

- **As might be expected, the more universal the system, the greater the numbers of people involved – noting that the target cohorts for many of these systems extend beyond children and families.**
- **The high number of people involved does not always equate to an equal spend per capita compared to other systems (for example local government investment).**
- **In terms of the funding volume, the two largest systems are health and welfare/financial security. However, the per capita spend for health is not as high as for some other systems – given that 21.9 million Australians visited a GP last year and many other services were provided.**
- **ECEC funding (\$12.4 billion for approximately 1.3 million children) is on par with affordable housing funding (\$16 billion for 1.4 million Australians) across Australia.**
- **In contrast, mental health affects 2.9 million Australians but only receives \$11 billion in funding.**



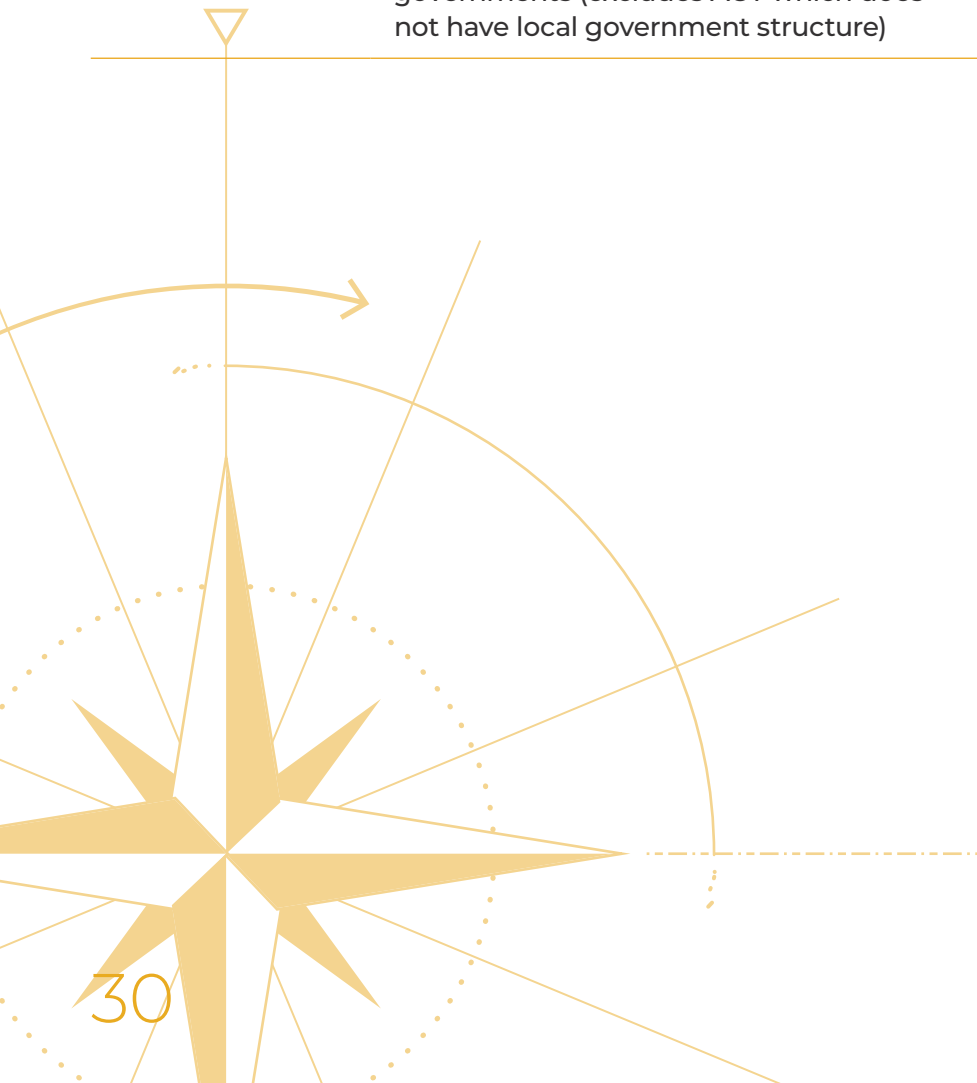
Table 4: Comparing numbers and scale across the systems

System	Number of people involved/% of Australian population	Australia-wide government spending*
Health	<p>In 2020–21:</p> <ul style="list-style-type: none"> • 85% of Australians (21.9 million) went to the GP at least once (totalling 171 million GP visits) • 39% of Australians received at least one Medicare-subsidised allied health service • 295,976 babies were born to 291,712 mothers in Australia • 4.3 million services were provided by nurses, midwives and Aboriginal health workers • 6.7 million hospital stays 8.8 million presentations at emergency departments • 3.5 million patients assessed, treated or transported by ambulance service organisations 	\$142.6 billion
Mental health	<p>In 2020–21</p> <ul style="list-style-type: none"> • 21% of Australians aged 16–65 experienced a mental disorder in the previous 12 months • 2.9 million people or 11% of the population accessed Medicare-funded mental health services • There were also 10.2 million contacts with community mental health services • 4.5 million patients or 18% of the population received 42.7 million mental health related prescriptions (73% for antidepressant medication) • About 1 in 7 children and adolescents aged 4 to 17 have recently experienced a mental health disorder in Australia 	\$11 billion
Disability	<ul style="list-style-type: none"> • The NDIS currently supports approximately 500,000 Australians (20% of those aged under 65 years with a disability) to access services and supports • Specialist Disability Accommodation (SDA) funding is only available to roughly 6% of NDIS participants or 28,000 people • Approximately 80,000 children with developmental delays are supported through the NDIS 	\$32.1 billion
ECEC	<p>In 2021:</p> <ul style="list-style-type: none"> • 546,633 children were enrolled in a preschool program, which includes children attending a 3-year-old preschool program • 1.31 million children aged 0–12 years attended Australian Government CCS approved child care services 	\$12.4 billion

System	System Number of people involved/% of Australian population	Australia-wide government spending*
Child protection	<p>In 2021:</p> <ul style="list-style-type: none"> • Each year, around 3.2% of all children aged less than 18 years are assisted by Australia’s child protection systems. • More than 46,200 children were in out-of-home care • 1 in 17 Indigenous children (around 19,500) were in out-of-home care • Nearly 50,000 children were the subject of a substantiation of a notification to a child protection agency • There were around 9,000 foster carer households and 15,600 relative /kinship carer households providing homes for more than 50,000 children a year. 	\$7.5 billion
Parenting & family supports	There are no easy to access statistics. For DSS specifically funded programs, 51,968 individual clients accessed some form of Children and Parents Support Services in 2021–2022.	\$381 million (Federal government only)
Family & domestic violence supports	<p>There are no easy to access statistics but we know:</p> <ul style="list-style-type: none"> • 1 in 2 women has experienced sexual harassment in their lifetime • 1 in 3 women has experienced violence by a partner, other known person or a stranger since the age of 15 • 1 in 6 women and 1 in 9 men experienced physical and/or sexual abuse before the age of 15 	<p>\$847.8 million</p> <p>We can estimate funding amounts is in the range of \$847.8 million (if we exclude the \$260M from the Commonwealth through the National Partnership 2021–2023 to avoid double counting). This includes:</p> <ul style="list-style-type: none"> • Victoria: \$241M • QLD: \$363M • NSW: \$100M • NT: \$54M • TAS: \$31.5M • WA: \$34.4M • SA: \$16.4M • ACT: \$7.42M

*(annual figure either 2019/20, 2020/21 or 2022/23)

System	System Number of people involved/% of Australian population	Australia-wide government spending*
Social security	<p>At 25 June 2021:</p> <ul style="list-style-type: none"> 5.4 million people (or 26% of the population aged 16 and over) received an income support payment. 	\$195.7 billion
Secure and affordable housing	The number of households in housing stress was estimated to be 640,000 in 2021 or approximately 1.4 million Australians.	<p>\$16 billion – spent in total on housing assistance, including the Commonwealth Rent Assistance</p> <p>\$1.2 billion – Direct State & Territory government expenditure on specialist homelessness services (2020–21)</p>
Safe, healthy physical and built environments	25.3 million residents (out of a total Australian population of 25.7 million) have access to and are serviced by local governments (excludes ACT which does not have local government structure)	\$2.9 billion (untied funding to local governing bodies under the Financial Assistance Grant program)





How a family accesses the system

There are different ways that a family accesses each system. Sometimes access is mediated by a gatekeeper such as a government agency (described further below in comments about structural linkages). This is usually the case for targeted systems where eligibility requirements must be met. For more universal systems, direct engagement with service providers is possible from the first instance.

We have indicated whether a system is universal or targeted in **Table 5 below**, with the caveat that there are important exceptions to the rule. Even in the most universal systems that exist in Australia, access is not always easy nor equitable. The challenge is not always to make things more universal. It is about making systems more flexible and responsive to the needs of families.

Table 5: Comparing access across systems

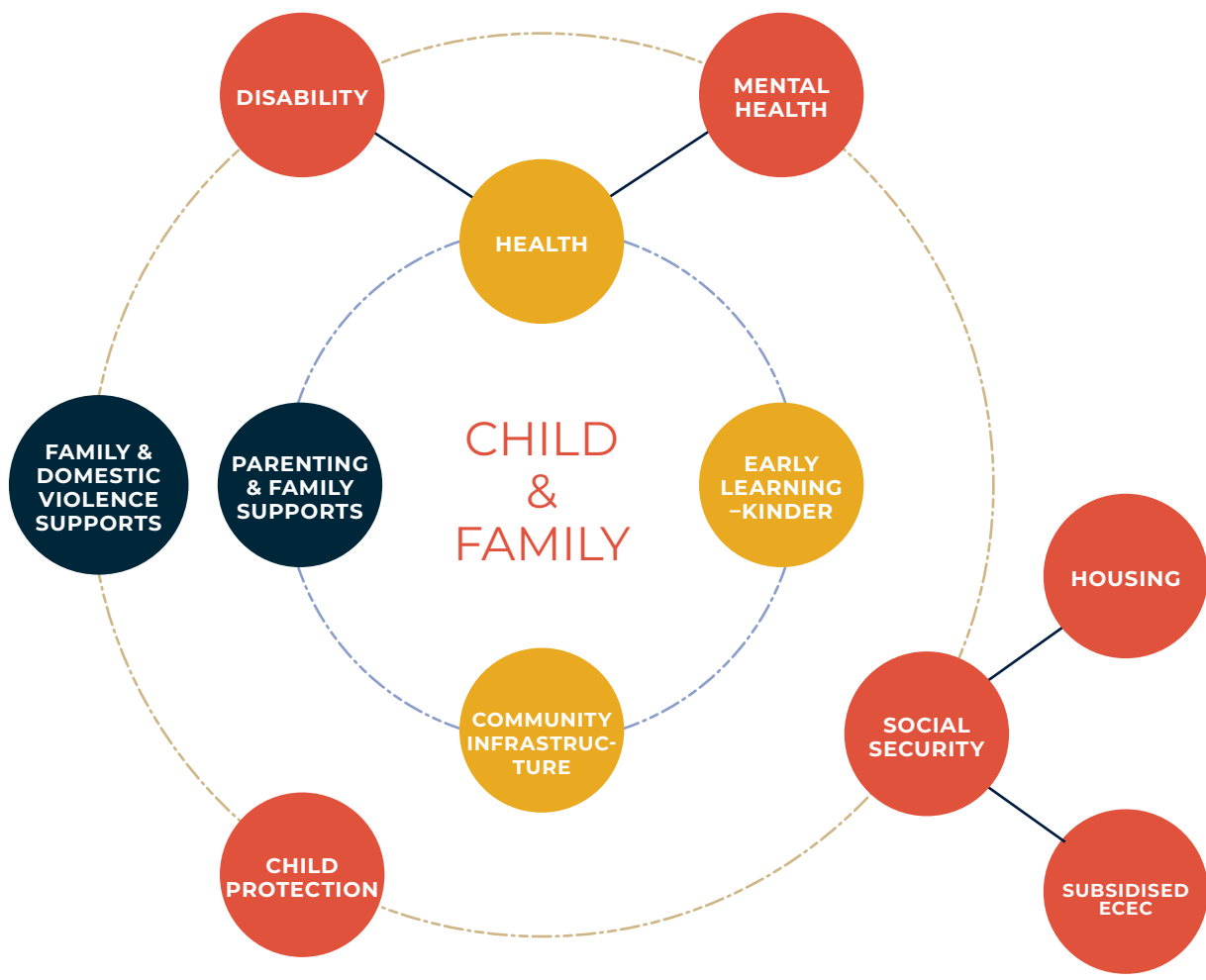
System	Universal or targeted?	Access via...
Health	Universal	<ul style="list-style-type: none"> • Primary and community health settings • Direct engagement with ambulance and public hospital systems
Mental health	Universal	<ul style="list-style-type: none"> • Primary and community health settings
Disability	Targeted	<ul style="list-style-type: none"> • NDIS eligibility via NDIA • Direct engagement with approved providers
ECEC	Targeted and universal	<ul style="list-style-type: none"> • CCS claim via Services Australia • Direct engagement with ECEC services
Child protection	Extremely Targeted	<ul style="list-style-type: none"> • System is activated after a notification is made to the state child protection authority
Parenting & family supports	Targeted and universal	<ul style="list-style-type: none"> • Referrals are issued (Children and Parenting Support services and Intensive Family Support services) • For voluntary supports such as playgroups and parenting resources, access is direct via engagement with providers
Family & domestic violence supports	Universal	<ul style="list-style-type: none"> • Direct engagement with community supports/online and local resources/and hotlines
Social security	Targeted	<ul style="list-style-type: none"> • Applications and administration through Services Australia (Centrelink)

System	Universal or targeted?	Access via...
Secure and affordable housing	Targeted	<ul style="list-style-type: none"> Depending on the State or Territory, families can access housing assistance by applying through an online government portal or by phone (eligibility is linked to tax status) For some affordable housing, access is direct via the housing provider
Safe, healthy physical and built environments	Universal	<ul style="list-style-type: none"> Every time a person leaves their house, they are using services provided by their local council

Universal access

Targeted access

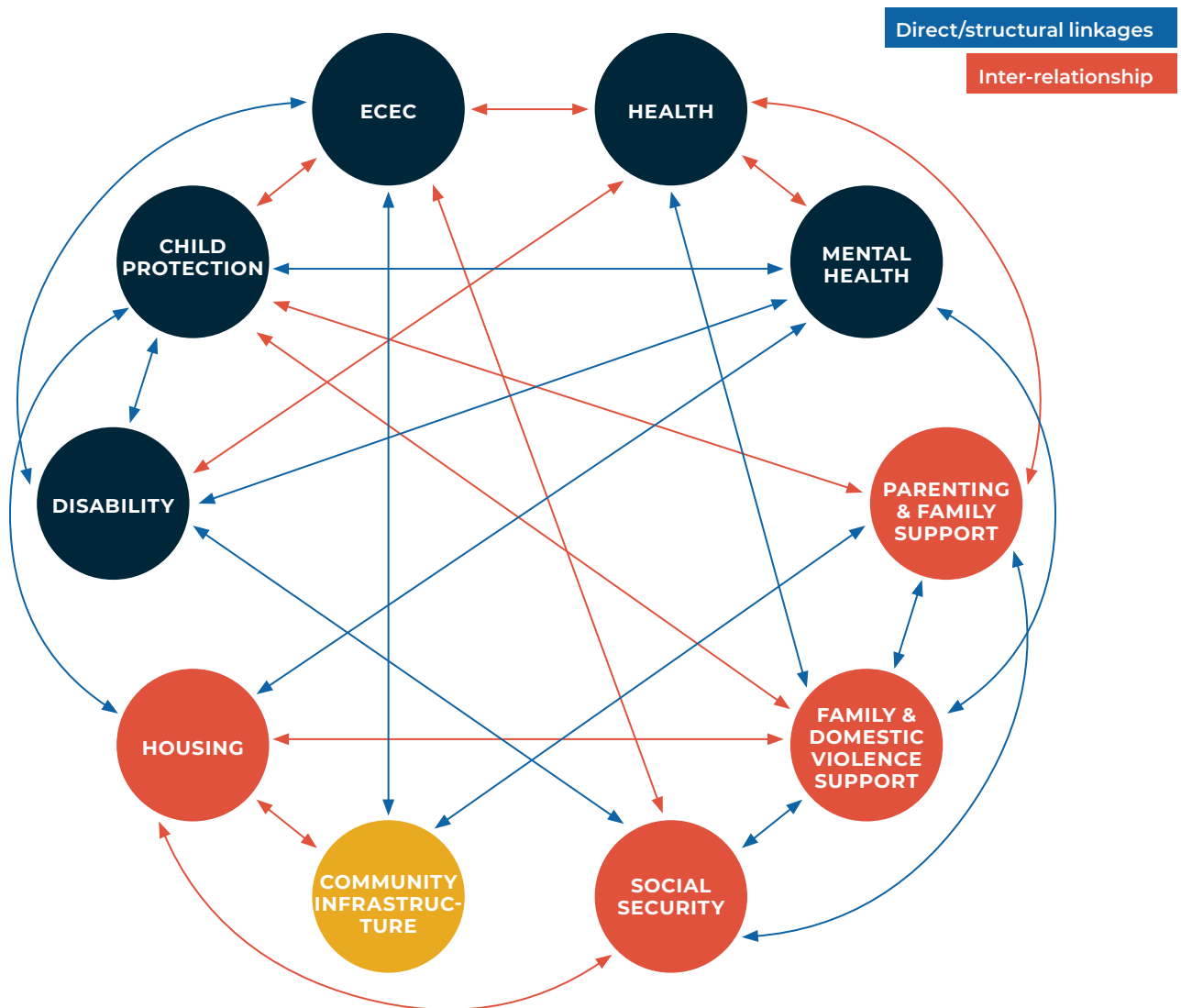
Universal and targeted access



Structural linkages across systems

It is complex to attempt to illustrate the inter-relation of the systems that influence ECD outcomes. As the infographic below shows, there are strong connections between all the systems that influence ECD – including direct or structural linkages and inter-relationships due to closely linked functions for families. There are many more lines that could be added to this diagram, but even at this high level, it serves to illustrate the interconnectedness of the ten systems in focus in this atlas.

Interaction between systems that influence ECD outcomes



Strongly inter-related systems include:

- **social security and housing**
- **health, mental health and disability**
- **child protection and family and parenting supports**
- **housing and domestic and family violence supports**
- **child protection and housing**
- **ECEC and community development**
- **child protection and domestic and family violence supports.**

As an example, direct and structural linkages are evident in the social security system, which could be described as the “gatekeeper” system for:

- **eligibility for most public and social housing supports (as an individual must be on income support or in receipt of some social security payments)**
- **eligibility for subsidised ECEC (as families must meet criteria administered through the social security system).**

Likewise, the primary health system could be described as “gatekeeper” system for:

- **accessing Medicare-subsidised mental health services (as an individual must engage via the primary health system - generally their GP)**
- **accessing ongoing disability support payments and subsidised services (as this requires engagement with both primary and specialist health providers).**





What else does the atlas tell us about the ‘current state’?

In the systems mapping project, we developed a current state systems map based on engagement with more than 300 people from across Australia with knowledge and insights of the early years system. For this map, over 30 feedback loops were developed, under seven categories of embedded narratives and deep systemic forces (see **Table 6**).

Table 6: Current state systems map – embedded narratives/deep systemic forces and feedback loops

DEEPLY HELD SOCIETAL BELIEFS

- We are a society that is prepared to live with poverty
- Families are a no-go zone
- Parenting comes naturally
- What's not normal is "other" (the exception)
- There are good mothers and bad mothers

CARE LOGIC

- Care (being human) is a burden on society (read economy)
- Care is women's work/belongs in the shadows
- Erosion of the village
- Reductionism more powerful than care, connection & trust

CHILD AND FAMILY EXPERIENCE

- Families stigmatised
- A system that compounds First Nations trauma
- Home environments under stress

MARKET LOGIC

- Myth of family choice
- Poverty is a choice and should be punished
- Children are in the market but don't influence it
- Prevention doesn't make economic sense

GOVERNMENT LOGIC

- Government must promote and protect the market
- But Government can't 'intervene' in the market
- Silos serve a purpose
- Social services aren't the important work of government
- Local is less professional (but someone's got to do it)
- Failure of accountability, loudest voices
- The Federation Game
- There is no political reward for reform

SECTOR LOGIC

- Taking the human out of human services
- Social services operate within a market logic
- Service sector sees itself as solution to problems
- Competition for Influence
- Targeted services mean only by exception, no early intervention

REFORM LOGIC

- Avoidance of the big levers of change
- Never ending search for evidence and shiny new things
- Divided not conquering
- Service providers are powerful interests

In analysing the ten systems in focus for this atlas, it is possible to observe how many of the current structures, laws and conventions reflect and reinforce the categories of embedded narratives and deep systemic forces identified in the systems mapping project.

We have included several observations below linking to the seven categories of embedded narratives and deep systemic forces underpinning the current state system map.

GOVERNMENT LOGIC – LACK OF ACCOUNTABILITY ACROSS THE WHOLE

In our systems mapping research, we noted that it appears that government (or its funded service providers) is not held accountable for cumulative failures across the ECD system (at either a federal or state/territory level) because:

- **no single minister or department is responsible for all elements of the ECD system (or how the systems that influence ECD outcomes impact overall)**
- **there is a lack of active market stewardship or accountability for market failures**
- **the division of responsibility for ECD across state and federal jurisdictions reduces overall accountability for ECD outcomes by both levels of government**

This was confirmed in our research for the atlas, where the current structural elements of the ECD system cannot respond effectively to the interconnectedness of the various influences on ECD outcomes, from a systemic perspective.

Accountability exists, in siloes

This is not to say accountability mechanisms do not exist. There are many accountability mechanisms embedded within each system (for quality, accessibility and efficiency and other factors). See Annex 1 for detailed discussion of structural accountability mechanisms.

However, what appears to be missing is both shared and individual accountability for the cumulative impact of the systems on children and family outcomes. Not only is there no shared accountability, but individual systems are not held accountable for their contribution (or lack of) to enabling the “whole” child or family to thrive.

Inbuilt systemic incentives

In addition to traditional accountability mechanisms, certain systems respond to other systemic incentives for increasing positive outcomes.

Within the health system there are inherent incentives for increasing positive health outcomes, earlier, both for the general population and for children specifically.

- **Provision of health services for all age brackets is incredibly expensive and becomes more so the more acute or advanced the health issue becomes. This creates obvious incentive for prioritising effective delivery of lower cost, prevention and early intervention activities, including increased engagement at a local level, to avoid the system bearing higher costs further down the line.**

- **This structural incentive is significantly amplified in the case of children, because we have one health system, so it is the health system itself that it will continue to pay for failures in prevention, identification and early intervention throughout the lifetime of a child.**

However, in direct contrast to the health system, those systems that are only responsible for services targeted to children or specific age cohorts, do not have these inbuilt systemic incentives because they do not bear the downstream impacts and costs of their system failures, nor are they held accountable for their contribution (or lack thereof) to a child's holistic and long-term outcomes. For example, where a child has developmental issues that are not identified or addressed in the early years, (not only are there missed opportunities for effective early intervention), those issues move with the child from the early learning system into the primary school system.

We reiterate, this is not an argument for centralising structures further but rather, an observation about the impacts of the lack of overarching strategy, connections between and shared accountability across systems for child and family outcomes.

We do note that there have been attempts over the years to create more holistic structural oversight mechanisms across specific ECD sub-systems and jurisdictions, through the establishment of Ministers Councils, National Cabinet and other coordination bodies. However, as yet there has been no attempt to create oversight or accountability for the whole ECD system.

This raises the question why have these oversight mechanisms not delivered more effective linkages and ways of working across these sub-systems? And what would be required at the structural level to create cohesion and connection across the ECD system as a whole, accepting that every system cannot (nor should not) be collapsed into one?

DEEPLY HELD SOCIETAL BELIEFS – ASSUMPTIONS ABOUT FAMILIES FRAME ACCESS TO SUPPORTS

In our systems mapping research, we identified several deeply held beliefs that underpin the way the **tax & family welfare systems** are framed and operate. These included the assumptions that:

- **families are healthy, working and have two parents**
- **mothers should return to work, but only part-time**
- **only children of working mothers should be subsidised for ECEC**

The atlas has clearly reinforced these findings and strongly indicated some others including:

- **everyone can understand, read and write English (or they should)**
- **everyone has access to the internet, a digital device and knows how to operate online**
- **navigating the welfare system isn't meant to be easy, people shouldn't be encouraged to access financial support**
- **if people want assistance, it's up to them to navigate complex systems, find out what is required and then to follow the process to get access to services and supports**

SECTOR LOGIC – WHEN UNIVERSAL ACCESS IS NOT ALWAYS UNIVERSAL

As noted in Table 5 above, at least six of the ten systems examined in this atlas have a degree of universal access: health, mental health, ECEC, parenting and family supports, family and domestic violence supports and safe, healthy physical and built environments. The four truly targeted systems are disability, child protection, financial security and secure and affordable housing.

This is consistent with the increasing focus on the role of universal access to services, across a range of systems. This is evidenced by new federal, state and territory strategies and reforms that are focused on targeted supports to increase participation in universal services. This is particularly true for access to ECEC.

Universal access – in theory, not practice

However, our research also reinforced the challenges that families face in accessing many “universal” services, due to a lack of “supply” seen in long waiting lists and even longer time delays for access to services.

Structurally, there are specific mechanisms designed to prevent this issue and safeguard against a lack of supply.

For example, in addition to responsibility for delivery of the National Disability Insurance Scheme (NDIS), the National Disability Insurance Agency (NDIA) has an important ‘market stewardship’ role. The NDIA is required to encourage the development of open and competitive markets for the provision of supports and services to NDIS participants.

This market stewardship role includes:

- **monitoring supply and demand**
- **providing information to participants and business**
- **where necessary, making limited interventions in the market (Australian Government Solicitor, 2020)**
- **these “interventions” include promoting the development of ‘thin’ markets, (where there are few providers with the expertise and/or capacity required to meet the needs of participants) and addressing gaps in the supply of services.**

This is an important structural safeguard that was intentionally built into the disability system. However, in practice, it leaves an unanswered question: what is needed if the market stewardship role is not serving its purpose?

In developing this atlas, we identified numerous examples where the disconnect between well intentioned policy goals, (even those that are child/person-centred) and the realities of implementation, compromises the promise of “universal” access.

For example:

- **Being an Australian “resident” is a threshold for access to many universal service systems. This includes a barrier to accessing services and social safety nets for four years after arrival in Australia for most categories of immigrants and this includes the children of immigrants. There are exceptions for asylum seekers and refugees, but these are limited and dependent on the specific visa type.**
- **Mental health is technically a universal access system, where anyone who needs support can get it, however, significant waiting lists, out of pocket costs and service shortages create barriers to access for children and families.**

MARKET AND SECTOR LOGIC – MARKET MECHANISMS DEEPLY INFLUENCE SERVICE SYSTEMS

As discussed above, government systems (and government-funded service systems) are not inherently designed to respond to human complexity.

In our systems mapping, we noted that a market driven approach to human service provision had led to deep systemic forces like:

- **mixed markets underpinned by a competition logic but sustained by government subsidies and funding**
- **service providers driven to operate within this market paradigm**
- **services that are designed for mainstream to maximise market reach**
- **markets that reward competition rather than collaboration.**

Our research confirmed the power of these deep systemic forces, particularly the impacts of funding and commissioning structures, which are a key implementation tool for market mechanisms. We found multiple examples of funding and commissioning structures that fail to enable the intended outcomes of policy or strategy, instead delivering perverse incentives and contrary outcomes.

For example: in systems where government is the primary “customer” or funder of outsourced services, there is greater incentive to meet the needs of the funder than to meet the needs of the beneficiary or client (families and children). And there is no direct line of accountability to those clients.

This is consistent with our system mapping findings that concluded that funding processes and cycles are unintentionally locking in patterns of poor service delivery due to:

- **outsourcing of implementation and service delivery with limited checks and balances in terms of outcomes for children and families**
- **rigid short term funding cycles**
- **funding that is directed to “fixing a problem” not preventing it.**

How far are we from the desired future state?

In the systems mapping project, we were also able to create a desired future state systems map based on the aspirations expressed by participants. For this map, over 17 feedback loops were developed, under five categories (see **Table 7 below**).

TABLE 7:
Desired future state systems map – categories and feedback loops

THE LIFELONG WELLBEING OF ALL CHILDREN IN AUSTRALIA

- Addressing the underlying causes of disadvantage
- All children and their families have their basic material needs met
- Every child has the right to quality and timely universal services

STRENGTHENING FAMILIES, PARENTS, CARERS

- Strengthening and valuing families (in all their different forms)
- Strengthening parent/carer/community capacity & confidence

STRENGTHENING LOCAL COMMUNITIES

- More inclusive communities
- Infrastructure for community connection
- Empowering local voices
- A system strengthened by cultural difference
- Funding supports collaboration not fragmentation

ACCOUNTABLE, HIGH QUALITY, PROACTIVE ECD SYSTEMS

- Preventative approaches to child safety and wellbeing
- Accountability for outcomes for children and families
- Reimagined universal platform
- Service systems backed by high quality workforces

GOVERNMENT HOLDS RESPONSIBILITY FOR THE WHOLE

- Policy making looks at the whole person, embraces complexity
- Government has holistic oversight and proactively intervenes
- Integrated connected systems that work for all families

On a positive note, despite identifying many structural elements continuing to prevent meaningful improvement in the high levels of disadvantage in the early years, we also identified areas of significant progress towards the elements of a future state ECD system that was envisioned through the systems mapping process. Some of the significant innovations and progress currently underway is outlined in **Table 8 below**.

TABLE 8:
Examples of progress towards the desired future state.

Desired Future State	Examples of innovations or progress
<p>Vision/system purpose – focus on the lifelong wellbeing of all children in Australia</p> <ul style="list-style-type: none"> • Policy development is always child and family-centred, embracing complexity and recognising the interconnecting influences on child wellbeing • Long term, bi-partisan, national reform agenda • Policy development informed by the interconnection of influences in ECD – requiring child wellbeing impact assessment across all portfolios to avoid unintended consequences • Social policy and programs are designed (and implemented) with families & children at the centre, from a strengths-based and trauma-informed perspective • Family & child-centred policies and programs – the norm 	<p>In November 2022, the Australian Government announced that it would develop a new Commonwealth Early Years Strategy. The Strategy will create a new integrated, holistic, whole-of-government approach to ensure children aged five and below have the best start at life in their critical early years of development. It will be developed through extensive consultation and stakeholder engagement.</p> <p>To assist in crafting the Strategy, and start the important conversations needed around helping young children to thrive, the Government will host a National Early Years Summit on Friday 17 February 2023 in Parliament House, Canberra. A total of \$4.2 million will be invested over 18 months until 2024 to support the development of the Strategy. A new 14-member expert Advisory Panel has also been established to inform the development of the Strategy. The Advisory Panel will support the work of a Steering Committee designed to bring together all areas of Government (Ministers for the Department of Social Services, 2022).</p> <p>It is unclear yet, but hoped that this strategy would take a broader view of ECD priorities (e.g. to include health, disability and housing) and effectively involve all levels of government.</p>

Desired Future State	Examples of innovations or progress
<p>Market oversight</p> <ul style="list-style-type: none"> Existing market mechanisms reformed for improved service delivery and outcomes Government is held accountable and intervenes where market failures result in diminished or no access, poor quality or crisis (e.g., rural health, care related sectors) Investment in holistic approaches to strengthening families Investment in prevention and capacity building, not just response Services are incentivised to work effectively together through service contracts & commissioning 	<p>As mentioned above, the NDIS is administered by the NDIA. The NDIA’s key function is to deliver the Scheme, including by approving participants and facilitating the preparation of their plans. Importantly, the NDIA has a ‘market stewardship’ role to encourage the development of open and competitive markets for the provision of supports and services to NDIS participants.</p> <p>Its roles under that strategy include monitoring supply and demand, providing information to participants and business, and where necessary, making limited interventions in the market (Australian Government Solicitor, 2020). These include promoting the development of ‘thin’ markets – that is, areas in which there are few providers with the expertise and/or capacity required to meet the needs of participants; and addressing gaps in the supply of services.</p>
<p>Strengthening local communities</p> <ul style="list-style-type: none"> Increased funding to local level implementation and service delivery for better outcomes Place-based approaches underpin policy development & service design, with funding & resourcing to support place-based responses in local communities Local government plays a prominent role, with key community organisations - as the intermediary between local communities and State & Federal government Local governance & decision-making structures include community and drive service design and delivery to meet local needs, empowering local people to have a say in program design & delivery 	<p>‘Place-based initiatives’ may or may not involve government, but are focused on place. Place-based approaches to addressing disadvantage are now a key element of the Federal Government’s social inclusion agenda. There are a range of Commonwealth Place-Based Initiatives. These include:</p> <ul style="list-style-type: none"> Stronger Places, Stronger People: https://www.dss.gov.au/families-and-children-programs-services/stronger-places-stronger-people Communities for Children Facilitating Partners: https://www.dss.gov.au/our-responsibilities/families-and-children-programs-services/family-support-program/family-and-children-s-services Connected Beginnings: https://www.dese.gov.au/community-child-care-fund/connected-beginnings and https://www.health.gov.au/initiatives-and-programs/connected-beginnings Stronger Communities for Children: https://www.niaa.gov.au/indigenous-affairs/education/stronger-communities-children and https://www.nintione.com.au/project/stronger-communities-children

Desired Future State	Examples of innovations or progress
<p>Strengthening local communities (cont.)</p> <ul style="list-style-type: none"> • Universally accessible (non-stigmatising) integrated children & family centres and community hubs that welcome all families • Recognition of the necessity of connection, relationship & trust for effective interventions and programs 	<ul style="list-style-type: none"> • Empowered Communities: https://www.niaa.gov.au/indigenous-affairs/empowered-communities and https://empoweredcommunities.org.au • Regional Deals: https://www.infrastructure.gov.au/territories-regions-cities/regions/regional-deals
<p>Funding and resource allocation</p> <ul style="list-style-type: none"> • Long-term & appropriate investment in ECD service systems to ensure staff attraction & retention & quality service delivery • Sustained funding is sufficient for ECD systems to both respond to the needs of children and families and to focus on prevention & early intervention 	<p>An example here would be the Expenditure on Children in the Northern Territory inquiry by the Productivity Commission – published in 2020. The report proposed a new approach to funding children and family services in the Northern Territory focused on 4 key reform areas:</p> <ol style="list-style-type: none"> 1. Governments determine funding by working with communities to develop regional plans (Governments should establish a formal coordination process formalised in a new intergovernmental agreement) 2. Longer term, more collaborative contracting of service providers 3. Better, more transparent data that is shared at the community level 4. Stronger supporting institutions

Other examples of movement towards the future desired state include:

‘Government holding greater responsibility/accountability for the whole ECD system’

which includes features such as:

- **Government has holistic oversight and accountability for system outcomes (and intervenes to prevent system & service failures)**
- **Government is held to account by the voting public for child wellbeing outcomes – while in office and at elections**
- **Greater clarity around division of state and federal responsibilities**
- **Power to monitor and hold the systems accountable may be enshrined in legislation (or vested in a statutory authority)**

We note that a significant proportion of the states and territories are attempting a more holistic approach to ECD, including the development of overarching strategies. [See Table 3 above for links to each state and territory’s current strategies]

‘High quality, proactive ECD systems’ which includes features such as:

- **All levels of the services systems are held accountable for the quality and impact of policies, programs & service delivery and whether it really works for children and families**
- **Frameworks for measuring outcomes and impacts are redeveloped to reflect what the work with families and children really involves**
- **Services meet demand, staffed by highly skilled workforces**
- **Onus on systems/silos to integrate and coordinate – not on the family to navigate, with services held accountable for the success of local level integration & collaboration in service delivery**

- **Workforces are suitably recognised, rewarded & incentivised to ensure that high quality services are universally accessible for all children**

We note that both the Productivity Commission and the Australian Competition and Consumer Commission (ACCC) have announced upcoming inquiries into the ECEC system, which is a positive step and reflecting an increased focus on early years. We welcome learning about similar reviews in other service systems.

We also observed some shifts towards **service systems backed by high quality workforces** which includes:

- **High quality care workforces, well qualified and skilled**
- **Care workforces have professionalised career paths including consistent qualification requirements**
- **All policy & service development accounts for the complexity & value of care work provided by families/communities**

Since Covid-19 there has been an observable shift in the number and tenor of public and policy conversations about the value of care in our society and the contribution and need for suitable recognition of care workforces.

The same can also be said for **‘Strengthening families, parents and carers – an enabling welfare system to support strong families & communities’** which in the desired future state features:

- **Reimagined approach to family payment/ care subsidies available – providing choices for women & families about when/how much/if they work or are full-time carers**
- **Ensuring all children and their families have their basic material needs met**
- **Government policy and investment ensures equity of access to care options for all Australians, regardless of location**

- **National consistency and coordination to deliver equity for all children**

There have been policy conversations about increased flexibility and suitability of income supports and welcome changes to enable more regular reviews.

Lastly, a key element of the desired future state was **'Reimagined universal platforms'**. This included features such as:

- **Redeveloping & investing in a proactive & preventative child thriving [protection] system – that will deliver the best outcomes for children & their families**
- **that deliver integrated, holistic services, with guaranteed universal access that prevents stigma & promotes social cohesion**
- **With children and families at the centre of service design – it's universal (opt out not opt in) – no stigma, barriers, criteria or hoops**
- **Universal access to locally available parenting supports, playgroups, programs and inclusive connection opportunities**
- **Access to universal prenatal & postnatal care – physical & mental**

As noted above, in some systems and contexts there has been greater recognition of the importance of progressive universalism, and there is greater focus across the board, both of which are positive steps forward.

...we also identified areas of significant progress towards the elements of a future state ECD system that was envisioned through the systems mapping process.